



Client No. 2036		Client Name OH MATERIALS				Location 1002 OSWEGO ST. UTICA NY		Date 6/15/87																	
Facility Equipment	Detox Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other 2 GATE KEYS. - LOG BOOK.																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Felix				Officer—Swing Shift (Name) Brooklyn M. Mallory		Officer—Grave Shift (Name) Dick Koborski																	
Shift		Began 8 AM		Ended 4 PM		Shift		Began 8 PM		Ended 12 AM															
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation													
Rounds or stations missed			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked vaults or safes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Fire-smoke-or hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
2. Sprinkler system defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
4. Rubbish accumulation			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
5. Motors running			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
6. Lights left burning			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	LIGHTS OUT 0515													
Injury hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Visitors EPA & OHM people are on site			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	OHM & EPA MEN													
Trespassing			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	ON SITE													
Violation of company rules			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Remarks 0905 - O'Neil Centron on site - 0908 O'Neil off site - 0939 - Furness Elect. on site - 0940 Furness Elect. lgt. 0957 - Niagara Mohawk on site - 1010 Niagara Mohawk lgt. 1533 - Ted & O'Neil Centron on site.																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>	
2. Did you suffer any illness?		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>	
3. Have you reported all accidents coming to your attention?		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>	
Signatures		1.	Kenneth Felix						1.	Brooklyn M. Mallory						1.	Dick Koborski								
Signatures		2.							2.							2.									
Signatures		3.							3.							3.									

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